

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Ending Date: VO ZV V
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 d.	ay after election year-end report dissolution
Candidate Full Name (if applicable) CANDIDATE FOR ALLEV MON OF LOCK WINGS Office Sought and District A Brush HI Residential Address WA-CR46/	Committee Name Loyd DAVID Name of Committee Treasurer Brush HI FD; North MACA Committee Mailing Address one Number (optional): 67-974-9874
SUMMARY BALANCE INF	ORMATION:
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	#251.52 #260# 2442.70 #2652#2645.70 #2693.79 BOARD OF ELECTION OD: 00 HIT J. T.
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my kn activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority or on behalf of this committee in accordance. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box only) Candidate with Committee and no activity independent of the committee. I certify that I have examined this report including attached schedules and it is, to the best of mactivity of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate refinance activity, including contributions, loans, receipts expenditures, disbursements, inskind campaign finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	with the requirements of M.G.L. c. 55 (Treasurer's signature) Date: OCT.3012011 The portion of the requirements of M.G.L. c. 55. The portion of the requirements of M.G.L. c. 55. The portion of the requirements of M.G.L. c. 55. The portion of the requirements of M.G.L. c. 55. The portion of the requirements of M.G.L. c. 55. The portion of the requirements of M.G.L. c. 55. The portion of the requirements of M.G.L. c. 55. The portion of the requirements of the r

SCHIEDUILE AS RECEIPTS

M.G.E.c. SS requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar, year. Committees must be epidetailed accounts and receipts of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachments available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Occupation & Employer (for contributions of \$200 or more) \mathbb{S}_{n} Environ Caraller 45500 #2A1727 (MUF Line 9: Total Receipts over \$50 (or listed above) Line 10: Total Receipts \$50 and under (not listed above) Line 14: TOTAL RECEIPTS IN THE PERIOD Enter on page 1, line 2 * If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		7999	The state of the s
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2 ild include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above

SCHEDULE BS TEXPENDITURES:

MG.L. c 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemze those over \$50.4 Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B. Expenditures" attachment is available to complete point and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing).	Address	Purpose of Expenditure	Amount
Se M	Now Section	Manyan Maran	Canbyb As	1405.95
IOFF	HW2146 Kan	108/128 WA	Major Carl	557, zq
197/11	HISDERES	192 Greenst	Campany	598.50
10/06/11	USPS	WAS SERVE	Stamps	132.05
4	Apvance 40 Cear techo)	TATE SHAPE THE		189,27
American Services				Į.
				evius s
		Eine 12: Potal Expenditures over Eine 13: Trotal Expenditures \$50 :	Land Control of the C	2,693,7
* If you have itemi		Line 14: TOTAL EXPENDITO	RESINTHE PERIOD 5	2,693.7

above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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\$ 10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1				
20 (1 5) (4 3) (4 3)				
31 S				
e suite				
The second second		Line 12: Expenditures over \$50 (or listed above) Line 13: Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4			Q01@

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditure above.

SCHEDULE C: "INSKIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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		and the second	115	
4			15 M	
12				
¥.			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Section 1995				
200		sine / 15:: Im-Kind Contributions o		Marie Control
		ine 16: In=Kind Contributions \$	and the second of the second o	
	Enter on page 1, line $6 \ni 1$	dine 17: TOTAL INSKIND CO	NTRIBUTIONS	06.0e

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	BLEWAUS FIAPIL	297		16,000
10/3/(11	ADVENCE TO	Mitchell Fething Af Bash Hill November 100	16 Harre	1,767.
			<u>-</u>	
Las I				
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100 mg				

Page 7